

CHAPTER 4 FOLLOW-UP SERVICE REVIEW

Goals

The follow-up service review process, initiated October 1, 2005, ascertained to what degree the quality improvement opportunities, identified in the initial service reviews, were being utilized. The process also provided an opportunity for Clinical Advisors and providers to discuss any areas of concern and/or need for change in services that were identified in the initial service review. These issues may have been identified either during the review itself by the provider or the Clinical Advisor, or as determined by the Clinical Advisor upon completion of the initial service review summary.

Method

A sample of consumers who, as an outcome of the initial service review were determined to have met specific criteria, was selected. Providers were sent their individual sample list via certified mail. The Clinical Advisors also received a sample list for the agencies in their regions. The criterion upon which the sample was based is as follows:

- The consumer was in crisis at the time of the initial service review;
- The consumer had substance abuse and/or medication issues that were impeding progress in treatment;
- The consumer was in the process of transitioning to a higher or lower level of care at the time of the initial service review and follow-up was indicated to see the outcome of this transition;
- The ISP goals and objectives did not appear to address the clinical issues and/or needs of the consumer at the time of the initial service review; or
- The consumer did not appear to meet criteria for the current level of care at the time of the initial service review.

Prior to the scheduled telephonic review with the Clinical Advisor, the provider gathered the information requested on the follow-up service review tool for those consumers who continued to be in service with the provider agency [please see a copy of the Follow-up Service Review Form and instructions in the pages immediately following this discussion]. If the consumer was active in treatment and there were changes or updates to the ISP since the initial service review, and the consumer is not a class member, the provider submitted a copy of that consumer's current ISP to the Clinical Advisor prior to the review. If any consumers on the list were no longer receiving services with that agency, the date and reason for closure were obtained, and given to the Clinical Advisor. As no further review was conducted on these individuals, no further action was needed on the part of the provider pertaining to these consumers.

All follow-up reviews were conducted by telephone. These reviews afforded Clinical Advisors and the providers an opportunity to have quality clinical dialogue about the effectiveness of services relative to the needs, outcomes and ongoing issues of consumers. Once the Clinical Advisor and the provider completed the follow-up service

review, the Clinical Advisor independently completed a service review summary. If further concerns are noted after the completion of the follow-up review, consultation with the Beacon Health Strategies Clinical Program Manager may occur. The Regional Mental Health Team Leader may also be contacted for further consultation.

Outcomes

Of the 1,047 initial Service Reviews conducted, 22% or 231 were identified for a follow-up review during the month of October 2005. The follow-up review data allows for comparative data analysis and will assist the Department in identifying level of care service trends and opportunities. The reports will be provided to The Office of Adult Mental Health Services in February 2006.